Underground Storage Tank Tightness Testing Checklist

WASHINGTON STATE DEPARTMENT OF ECOLOGY

The attached Underground Storage Tank (UST) checklist is required for activity listed above. This checklist certifies that the Tightness Testing activities are performed and conducted in accordance with Chapter 173.360 WAC.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: _____ Site ID Number: _____
(UBI # from Master Business License) *(Available from Ecology if tank is Registered)*

Site/Business Name: _____

Site Address: _____
Street *County*

_____
City *State* *Zip+4 (required)*

Telephone: _____

UST Owner/Operator: _____

Mailing Address: _____
Street *P.O. Box*

_____
City *State* *Zip+4 (required)*

Telephone: _____

2. FIRM PERFORMING WORK

Service Company: _____

Service Co. Address: _____
Street

_____
City *State* *Zip+4 (required)*

Certified Supervisor: _____

Address: _____
Street *P.O. Box*

_____
City *State* *Zip+4 (required)*

ICBO Certification Number: _____ Certification Issue Date (Month/Year): _____

Telephone: _____

Ecology is an equal opportunity employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.
1-(800) 833-6388 or 711 (TTY)

Checklist Instructions

After completing these checklist(s), return to: **Underground Storage Tank Section**
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed.

On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page. Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. Be sure that the Owner or the Authorized Representative **AND** Certified Supervisor sign the appropriate checklist.

The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology.

Cover Sheet

Site and Owner Information
Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information
List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing ICBO Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Code of Building Officials (ICBO), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The **Tightness Testing Checklist** shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator* must *report* a failed tightness test as *a suspected release* to UST staff *at the appropriate Ecology regional office within 24 hours.

Northwest	Southwest	Central	Eastern
(206) 649-7000	(360) 407-6300	(509) 574-2490	(509) 329-3400

White Copy (Ecology), Yellow Copy (Owner/Operator), Pink Copy (Service Provider)

Underground Storage Tank

Tightness Testing Checklist

Site ID # _____

Site Address _____

_____

City _____

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD **Date of Test:** _____

1. Tightness testing method(s) used (indicate if more than one method was used):
   Test method name/version _____
   Test method manufacturer _____
   _____
   _____

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be; 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): _____
   _____
   _____

3. Method used for release detection:
   - ☐ Weekly manual gauging
   - ☐ Daily manual inventory control
   - ☐ Automatic tank gauging (ATG)
   - ☐ Interstitial monitoring
   - ☐ Other (describe) _____

4. Reason for conducting tightness test:
   - ☐ Required for release detection requirement
   - ☐ Bring temporarily closed tanks back into service
   - ☐ Tank or piping repair
   - ☐ Other (describe) _____

5. Type of test conducted:
   - ☐ Tank tightness test only
   - ☐ Line tightness test only
   - ☐ Total system test (tank and lines tested together)

6. Test method type:
   - ☐ Overfill volumetric
   - ☐ Underfill volumetric
   - ☐ Nonvolumetric
   - ☐ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%).	☐	☐	☐
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	☐	☐	☐
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?	☐	☐	☐
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)	☐	☐	☐
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.)	☐	☐	☐

** Item not applicable*

White Copy (Ecology), Yellow Copy (Owner/Operator), Pink Copy (Service Provider)

Site ID # _____

Site Address _____

_____

City _____

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons				
4. Last substance stored				
5. Number of tank compartments				
6. Tank type: (S) single wall; (D) double wall; (P) partitioned				
7. Is overfill device present? (Yes/No)				
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)				
9. The test method used can detect a leak of how many GPH?				
10. The numerical tank test results are? (in gallons per hour)				
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)*				

IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall				
2. Pump type: (T) turbine; (S) suction				
3. (a) If turbine, is line leak detector present? (Yes/No) (1) If present, was lead seal intact? (Yes/No N/A) (2) Line leak detector results? (Pass/Fail) (b) If suction, check valve located at? (T) tank (P) pump				
4. The numerical line test results are? (in gallons per hour)				
5. Line tightness test results? (Pass/Fail)*				

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date	Signature of Certified Supervisor	Printed Name
Date	Signature of Tank Owner/Authorized Representative	Printed Name